

2017-2018 MEDICAL RELEASE FORM

This information is to be applied for all function with the Del City Church of Christ Youth Group.

NAME _____

ADDRESS _____

In case of emergency, please contact

Home phone _____ **Work phone** _____

Allergies (including drug allergies) _____

Medications or other health information _____

INSURANCE INFORMATION

POLICY HOLDER _____

COMPANY _____

POLICY NUMBER _____

MEDICAL RELEASE

I, _____, give consent to Jonathan Juarez or his designee to authorize any medical treatment deemed necessary by the attending physician for my teen, _____.

Parent's signature

Date

PICTURE RELEASE

Please initial in box if the Church has your permission to use photos containing your children on the website. (We will not include ANY personal information in conjunction with the photos.)